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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/20/2013 3:25 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organizatio Limited Liability Comp			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to	qualify and for that	t purpose submits	the following statements
Article I: The name of the limited	d liability company is			
IdeaMTN, LLC	C			
Article II: The street address of	the limited liability company's ir	nitial registered offic	e in Kentucky is	
291 N. Hubbards Ln. 172-125		Louisville	KY	40207
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office is $\frac{\sf J.~A}$	ndre Chaintreuil		
Article III: The mailing address of	of the limited liability company's	s initial principal offic	ce is	
291 N. Hubbards Ln. 172-125		Louisville	KY	40207
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be		,	ate and/or time is բ	
date or the delayed effective dat	e cannot be prior to the date th	e application is filed	d. The date and/or	time is 01/01/2014 (Delayed effective
ex ^d				date and/or time)
I/We declare under penalty of pe	erjury under the laws of the stat	e of Kentucky that t	the foregoing is tru	e and correct.
	J. An	dre Chaintreuil / Ov	vner	12/20/2013
Signature of Organizer	Printed	l Name & Title		Date
Signature of Organizer	Printed	l Name & Title		Date
J. Andre Chaintreuil	, consen	t to serve as the register	red agent on behalf of the	ne limited liability company.
Print Name of Registered Agent By:				20/2013
Signature of Registered Agent		d Name	Dat	
(01/12)				